



APPLICATION FOR PERMIT
CT STATE BUILDING CODE / CT STATE FIRE SAFETY CODE
TOWN OF MANSFIELD

Eff. 10/1/16

CONTACT INFO: 4 S. EAGLEVILLE ROAD MANSFIELD, CT 06268 PHONE: 860-429-3324		HOURS: MON-WED: 8:15 AM - 4:30 PM THURSDAY: 8:15 AM - 6:30 PM FRIDAY: 8:00 AM - 12:00 NOON		NOTES: ORIGINAL PERMITS ACCEPTED ONLY. FAX OR EMAILED COPIES WILL NOT BE ACCEPTED. MUST CALL AT LEAST 24 HOURS IN ADVANCE FOR INSPECTIONS. PHOTOS WILL NOT BE ACCEPTED IN LIEU OF INSPECTIONS.	
FEES: Based on total cost of job rounded up to nearest \$1,000 (Except Minimum Fee)					
IF VALUE IS:	BUILDING PERMIT FEES:		IF FIRE MARSHAL FEES APPLY:	DEMOLITION:	APPLICATION RECEIVE DATE:
	RESIDENTIAL*	COMMERCIAL		RES & COMM	
\$0 - \$1,000	\$25.26 MIN FEE	\$25.26 MIN FEE	\$50.26 MIN FEE	\$25.00 MIN FEE	
OVER \$1,000	\$13.51 PER \$1,000	\$15.51 PER \$1,000	\$22.26 PER \$1,000	\$12.50 PER \$1,000	
NOTES: (PLEASE CALL THE OFFICE FOR ASSISTANCE ON FEES, IF NECESSARY)					
1. *RESIDENTIAL PERMITS APPLY TO 1 & 2 FAMILY DWELLINGS & TOWNHOUSES.					
2. DO NOT ADD MINIMUM FEE TO JOBS WITH VALUES OVER \$1,000.					
3. IF FIRE MARSHAL FEES APPLY, USE FIRE MARSHAL FEES ONLY, NOT BUILDING FEES.					
4. LIST OF ALL PERMIT FEES ON SCHEDULE AT WWW.MANSFIELDCT.GOV.					
PLEASE PRINT OR TYPE			PERMIT # WILL BE ISSUED UPON APPROVAL		
MULTIPLE UNITS REQUIRE SEPARATE PERMIT APPLICATIONS			PERMIT #		TYPE
PROPERTY LOCATION / STREET ADDRESS			LOT #	UNIT #	SEND PERMIT TO: <input type="checkbox"/> OWNER <input type="checkbox"/> APPLICANT
OWNER'S NAME (AS IT APPEARS IN THE LAND RECORDS)			NAME OF BUSINESS WHERE WORK IS TO BE PERFORMED		
HOME PHONE #	WORK/OFFICE PHONE #	CELL #	EMAIL ADDRESS		
APPLICANT'S NAME		COMPANY NAME			
APPLICANT'S ADDRESS		TOWN/CITY	STATE	ZIP CODE	
HOME PHONE #	WORK/OFFICE PHONE #	CELL #	EMAIL ADDRESS		
CONTRACTOR/GENERAL CONTRACTOR			LICENSE OR REGISTRATION #		
PERMIT TYPE & COST:	TYPE OF PERMIT (CHECK ONE) <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> BOTH				
	IS THIS PROPERTY IN A HISTORICAL DISTRICT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	If "YES" is checked and application is for exterior work, a Certificate of Appropriateness is required unless Zoning approval has been obtained.				
	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> BUILDING <input type="checkbox"/> FOUNDATION ONLY <input type="checkbox"/> TENANT FITOUT <input type="checkbox"/> ELECTRICAL CRS# _____ Code Edition: <input type="checkbox"/> 2012 NEC <input type="checkbox"/> SOLAR PHOTOVOLTAIC <input type="checkbox"/> HVAC GEOTHERMAL <input type="checkbox"/> SOLAR <input type="checkbox"/> PLUMBING <input type="checkbox"/> FIRE PROTECTION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> OTHER _____</div><div>ESTIMATED COST: _____ ESTIMATED COST: _____ ESTIMATED COST: _____ ESTIMATED COST: _____ ESTIMATED COST: _____ ESTIMATED COST: _____ ESTIMATED COST: _____</div></div>				
	<div style="display: flex; justify-content: space-between;"><div>CHECK BOX IF FEE PAID PREVIOUSLY</div><div>TOTAL COST: _____</div></div>				
PROJECT TYPE:	<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> REPAIR/REPLACEMENT <input type="checkbox"/> CHANGE OF USE				
	<input type="checkbox"/> ADDITION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> INSPECTION ONLY				
	<input type="checkbox"/> ALTERATION <input type="checkbox"/> RELOCATION				
CONSTRUCTION TYPE:	<input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 2A <input type="checkbox"/> 2B <input type="checkbox"/> 3A <input type="checkbox"/> 3B <input type="checkbox"/> 4 <input type="checkbox"/> 5A <input type="checkbox"/> 5B				
USE GROUP(S):	<input type="checkbox"/> A-1 <input type="checkbox"/> B <input type="checkbox"/> F-1 <input type="checkbox"/> H-1 <input type="checkbox"/> I-1 <input type="checkbox"/> R-1 <input type="checkbox"/> S-1				
	<input type="checkbox"/> A-2 <input type="checkbox"/> E <input type="checkbox"/> F-2 <input type="checkbox"/> H-2 <input type="checkbox"/> I-2 <input type="checkbox"/> R-2 <input type="checkbox"/> S-2				
	<input type="checkbox"/> A-3 <input type="checkbox"/> M <input type="checkbox"/> H-3 <input type="checkbox"/> I-3 <input type="checkbox"/> R-3				
	<input type="checkbox"/> A-4 <input type="checkbox"/> H-4 <input type="checkbox"/> I-4 <input type="checkbox"/> R-4 <input type="checkbox"/> U				
	<input type="checkbox"/> A-5 <input type="checkbox"/> H-5 <input type="checkbox"/> IRC				
MIXED USE:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SEPARATED <input type="checkbox"/> NONSEPARATED				

PROPERTY LOCATION/STREET ADDRESS				LOT #		UNIT #	
HEIGHT OF BUILDING: Stories: _____ Feet: _____				TOTAL SQUARE FEET OF BUILDING: _____			
LIST BELOW THE GROSS SQUARE FOOTAGE OF EACH STORY, ABOVE AND BELOW GRADE:							
Story	Area in Sq. Ft	Occupant Load	Story	Area in Sq. Ft.	Occupant Load	Story	Area in Sq. Ft. Occupant Load
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
ARCHITECT'S INFORMATION (ATTACH AS APPLICABLE)					LICENSE # _____		
ENGINEER'S INFORMATION (ATTACH AS APPLICABLE)					LICENSE # _____		
INTERIOR DESIGNING: (ATTACH AS APPLICABLE)					REGISTRATION # _____		
DOCUMENTS SUBMITTED & DESCRIPTION OF WORK TO BE DONE		<input type="checkbox"/> BUILDING PLANS # OF SETS _____ <input type="checkbox"/> BUILDING SECTIONS <input type="checkbox"/> REPORTS					
		<input type="checkbox"/> CALCULATIONS <input type="checkbox"/> BUILDING ELEVATIONS <input type="checkbox"/> CORRESPONDENCE					
		<input type="checkbox"/> DETAILS <input type="checkbox"/> THRESHOLD REVIEW <input type="checkbox"/> PHOTOGRAPHS					
		<input type="checkbox"/> HEAT LOSS <input type="checkbox"/> ENGINEERED LUMBER <input type="checkbox"/> REScheck					
		<input type="checkbox"/> SITE PLANS <input type="checkbox"/> HIC OR NHC LICENSE <input type="checkbox"/> COMcheck					
		<input type="checkbox"/> SEALED TRUSS PLANS <input type="checkbox"/> MANUFACTURER'S LITERATURE					
		<input type="checkbox"/> WORKER'S COMPENSATION PROOF OF INSURANCE OR AFFIDAVIT					
		DESCRIPTION OF WORK: _____ _____ _____					
CERTIFICATION:		<input type="checkbox"/> I certify under penalty of false statement that I am the owner or authorized agent of the owner of this property, and that based on my reasonable investigation, all statements in the application are true and complete to the best of my knowledge.					
APPLICANT'S SIGNATURE:		APPLICANT'S SIGNATURE _____				DATE _____	
FOR DEMOLITION PERMITS: OWNER MUST ALSO SIGN BELOW IF CONTRACTOR IS APPLYING FOR PERMIT							
DEMOLITION CERTIFICATION:		<input type="checkbox"/> Owner: I intend to comply with the provision of the State Demolition Code. <input type="checkbox"/> Contractor: I intend to comply with the provision of the State Demolition Code.					
OWNER'S SIGNATURE: (MUST SIGN)		OWNER'S SIGNATURE _____				DATE _____	
DEMO CONTRACTOR'S SIGNATURE:		DEMOLITION CONTRACTOR'S SIGNATURE _____				DATE _____	
DO NOT WRITE BELOW: BUILDING OFFICIAL'S USE ONLY							
ZONING AGENT APPROVAL _____		DATE _____		HEALTH DISTRICT APPROVAL _____		DATE _____	
FIRE MARSHAL APPROVAL _____		DATE _____					
RESIDENTIAL		COMMERCIAL PERMITS			NEW RESIDENTIAL DWELLINGS ONLY		
Estimated Cost: \$ _____		Estimated Cost: \$ _____			Plan Review Fee: \$ 250.00		
Building Permit Fee: \$ _____		Building Permit Fee: \$ _____			Total Units: \$ _____		
Fire Marshal Fee: \$ _____		Fire Marshal Fee: \$ _____			Notary Fee: \$ _____		
Educational Fee: \$ _____		Educational Fee: \$ _____			AMOUNT RCVD: \$ _____		
Notary Fee: \$ _____		Notary Fee: \$ _____			Plan Rev: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK# _____		
Inspection Only: \$ _____		Penalty Fee: \$ _____			Estimated Cost: \$ _____		
Foundation Cost: \$ _____		Foundation Cost: \$ _____			Permit Fee: \$ _____		
Foundation Fee: \$ _____		Foundation Fee: \$ _____			Educational Fee: \$ _____		
Foundation Ed Fee: \$ _____		Found Ed Fee: \$ _____			TOTAL FEES DUE: \$ _____		
TOTAL (BLDG): \$ _____		TOTAL (BLDG): \$ _____			Minus Prev Pmt: \$ _____		
TOTAL (FM): \$ _____		TOTAL (FM): \$ _____			BALANCE DUE: \$ _____		
TOTAL DUE: \$ _____		TOTAL DUE: \$ _____			Bal Rcvd: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK# _____		
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK# _____ <input type="checkbox"/> FEE INCLUDED IN MAIN PERMIT		<input type="checkbox"/> CASH <input type="checkbox"/> CHECK# _____ <input type="checkbox"/> FEE INCLUDED IN MAIN PERMIT			Date Balance Received: _____ Other Fees Due: \$ _____		
APPROVED:		BUILDING OFFICIAL'S SIGNATURE _____				DATE _____	